								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO										19/	7:	532	$\mathcal{O}(\mathcal{O})$
Effective October 1, 2000													
_		CLAIMS AS	S FILED - (Column					SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			20					RATI	Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•			X40=			OR	X80=	7
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135	_		OR	+270=	
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	" in column 2					OR	TOTAL	71054
CLAIMS AS AMENDED - PART II										****	, •	OTHER	
(Column 1) (Column 2) (Column 3)								SMAL	LL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	2	Ø	=	I	X\$ 9:			OR	X\$18=	1
	Independent	· 3	Minus	*** _	3	= /	-	X40=	7	i	OR	X80=	,
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1			.070	1
							L	+135			OR	+270= TOTAL	
			·				A	TOT ADDIT. F			OR	ADDIT. FEE	
	In an action of the Colon	(Column 3)	_										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	2	0	= /	ı	X\$ 9=	<u> </u>	7	OR	X\$18=	1
	Independent	· 3	Minus	••••	3_	= /	l	X40=			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	\top			+270=	
							L	†1335		-	OR	TOTAL	1
	•								EE L		OR	ADDIT. FEE	
 	CONTRACTOR OF THE PARTY OF THE P	(Column 1) CLAIMS	less charges	(Colur		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- FEE_		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	2	0	= /	ſ	X\$ 9=			OR	X\$18=	j
	Independent	• 3	Minus	***	3	= (t	X40=	1		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ł	+135=	_	\Box		+270=	
۱۰,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	
**	If the "Highest Nu	mber Previously Pa mber Previously P	aid For IN THI	S SPACE i	s less tha	n 20, enter "20."	A	TOT.	EE L	randinia ba		ADDIT. FEE	

FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERC